



# South Central Alabama Mental Health

*Serving Butler, Coffee, Covington & Crenshaw Counties*

**South Central Alabama Mental Health Board, Inc.**

## **Strategic Plan**

**For**

**Fiscal Years 2021-2022**

# **STRATEGIC PLAN**

for

## **Fiscal Years 2021 and 2022**

**SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.**

### South Central Alabama Mental Health Board Strategic Plan

The Strategic Plan is presented to the Center's Board of Directors for approval.

Presented by:

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Tommy Wright, Executive Director

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Date Signed:

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Sandy Flowers, Chief Clinical Officer

\_\_\_\_\_  
Date Signed

Approved by:

\_\_\_\_\_  
Steve Norman, Board President

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Date Signed:

## **Purposes of the Strategic Plan**

1. To provide direction and guidance for the leadership of SCAMHB.
2. To serve as a training manual for the employees of SCAMHB.

## **Organizational Description**

South Central Alabama Mental Health Board (SCAMHB) is a public, non-profit corporation, incorporated under Act 310 of the Alabama Legislature.

1. We are a PUBLIC organization. SCAMHB is incorporated for a public purpose, to serve a public need. (Most non-profit organizations are privately incorporated, e.g. churches, advocacy organizations, fraternal organizations, etc.) We are considered quasi-governmental since we are established by local governmental entities: Butler County, Coffee County, Covington County, Crenshaw County, City of Greenville, City of Red Level, City of Andalusia, City of Opp, City of Florala, City of Brantley, City of Luverne, City of Enterprise, and City of Elba.
2. We are a NON-PROFIT organization. That is, the SCAMHB is incorporated for charitable and beneficial purposes without the intent of making profits to be distributed to its owners or shareholders.
3. We are a Corporation. While we are a public, beneficial agency, we are none-the-less a corporate entity. We have a corporate legal status and we operate as a business.
4. We are a local organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are not a state agency.

The Board of Directors: 39 directors are appointed by the local governmental bodies previously listed. They are volunteers who are charged with the legal responsibility to oversee SCAMHB. The Board employs an Executive Director who is responsible for the operations of SCAMHB. The Board meets every 4<sup>th</sup> Thursday at 11:30 AM except in October at the public meeting which is held the third Thursday of October at 2:00 PM.



## **Programs and Services**

SCAMHC provides an array of services for people who have mental illness and for those persons who experience difficulty in coping with life events. Services are offered to children through the geriatric years and include:

- |              |                             |                            |
|--------------|-----------------------------|----------------------------|
| Program      | • Rehabilitative Day        | • Intensive Day Treatment  |
|              | • Supportive Housing        | • Crisis Residential Home  |
|              | • Case Management           | • Small Capacity Group     |
|              | • Children's In-home Team   |                            |
|              | • Juvenile Court Liaison    | • Specialized Behavioral   |
|              | • School-Based MI Therapy   |                            |
|              | • Outpatient Therapy        | • Supported Housing Apts.  |
|              | • Geriatric Services        | • Adult In-home Team       |
|              | • Mental Health Evaluations | • Probate Court Liaison    |
|              | • Intensive Care            | • Psychiatric Services     |
| Coordination |                             | • Children's Day Treatment |
|              | • Nurse Delegation          | • Secure Forensic Services |
| Program      |                             | • Open Access              |
|              | • Peer Support              | • Telehealth Services      |
|              | • Integrated Care           | • Community Outreach       |
|              | • Children's Summer         | • Co-Location Services     |
| Program      |                             |                            |
|              | • Emergency Services        | • Contracted Inpatient     |
|              | • Medication Management     | • Psychiatric Services     |
|              | • Psychiatric Urgent Care   | • Information and Referral |
|              |                             | • EPSDT Services           |

SCAMHB provides service coordination for persons with Developmental Disabilities. Additionally, evaluation and assessment is provided. Services offered to the DD population include:

- Service Coordination for Adults
- Evaluation and Assessment for Adults
- Waiting List Placement

Programs offered by SCAMHB Substance Abuse Division include:

- Crisis Residential
- Outpatient
- Court Referral/Veterans Court Program
- Institutional Assessment
- Peer Support
- Prevention Services

## **Historical Sketch**

- 1968 South Central Alabama Mental Health formed
- 1970 Bill Ward-Executive Director
- 1970 SCAMHB moved from Health Dept. to 301 S. Three Notch St. Staff consists of administrator, MH nurse, part-time pharmacist; secretary-bookkeeper and a pharmacist (one day per month).
- 1971 Legislature appropriated \$250,000 for construction of facility
- 1972 Coffee County office opened
- 1973 Joe Bates-Executive Director
- 1973 Alcoholism Program funded
- 1973 Merle Wright-Executive Director
- 1973 Detoxification Unit Opens in Florala
- 1975 Lillian Dixon-MR Services Director
- 1976 Staff has increased from 15 in April 1973 to 40. Budget has increased from \$157,000 to approximately \$450,000.
- 1976 Jim Laney-Executive Director
- 1977 Searcy patients at new low of 57 from 187 in 1972
- 1978 Bay Branch Road site completed
- 1978 Awarded National Institute of Mental Health Operations Grant-\$663,833.00
- 1978 Budget 1.4 million
- 1979 Moved Greenville MR services to building donated by Casey Foundation
- 1981 Jim Stivers-Executive Director
- 1984 Rehab Option for Medicaid services began
- 1991 Bond Issue Enterprise and Greenville OP sites completed
- 1993 Richard Craig-Executive Director
- 1995 Staff Respond to damage from Hurricane Opal
- 1995 Case Management Services Start at DD



## **Historical Sketch**

- 1996 Cindy Hataway-Executive Director
- 1997 Bond Issue Luverne OP site completed
- 2001 Revenues total \$5,357,185-135 staff
- 2002 First Step Substance Abuse Residential Program Moves to Luverne
- 2004 Hurricane Ivan strikes and severely damages Montezuma Center
- 2005 First Step Moves to the Pines in Evergreen
- 2007 Montezuma renovations completed
- 2008 Closing for USDA Loan for Montezuma Repairs
- 2008 RUS grant awarded for Telemedicine equipment
- 2008 First Step Moves to Montezuma
- 2009 Revenues total \$6,062,943-139 staff
- 2009 Diane Baugher-Executive Director
- 2010 Revenues total \$6,140,207-150 staff
- 2010 Three-Bed home and twelve Supportive Housing Units added to  
Continuum of Care
- 2011 Achieved Region IV Census Reduction Project Goal of 96 clients placed  
in community
- 2011 Revenues total \$7,565,096-155 staff
- 2012 Participated in Region IV closure of Searcy Hospital
- 2012 Placed Intermediate Care Home and Specialized Behavioral Home in  
service; ceased operation of Therapeutic Group Home; opened  
12 supportive housing apartments
- 2012 Revenues total \$7,948,910-156 staff
- 2013 Revenues total \$8,632,693 – 141 staff
- 2013 Moved 3-bed home to Grace to home purchased with bond money;  
purchased two additional 3-bed rental homes in Garland with  
bond money
- 2014 Revenues total \$9,203,738-172 staff

## **Historical Sketch**

- 2014 Bond Built Properties deeded to SCAMH by DMH
- 2014 Implemented Geneva Financial Software (Quantum)
- 2015 Revenues total \$9,142,125 – 169 staff
- 2015 Added MI/DD Rehab Day programs in Enterprise and Greenville
- 2015 Accounting for Deferred Pension Plan was enacted; GASB No. 68
- 2015 Implemented Net Smart (Avatar) Electronic Health Record
- 2015 Camellia Health Management, LLC formed
- 2016 Revenues total \$9,057,200 – 182 Staff
- 2016 Begin Using TeleMed Equipment for Psychiatric Services
- 2016 Dixon Foundation grant to renovate bathrooms at the Main Center
- 2016 Diane Baugher becomes Associate Commissioner for Mental Illness and Substance Abuse at the Department of Mental Health
- 2017 Board votes not to merge
- 2017 Tommy Wright – Executive Director
- Sandy Flowers – Clinical Director
- 2017 Dixon Foundation grant to replace air conditioners at Main Center
- 2017 Lowes and Goolsby Electric and Plumbing renovate the Kitchen at Coffee Activity Center
- 2017 Donna Beasley and Substance Abuse Program awarded CURES Grant (for opioid treatment) by DMH
- 2018 Revenues \$8,974,791 – [\(provide number \[Sabrina\]\)](#) Staff
- 2018 Prevention Certified by Department of Mental Health
- 2018 50 Year Anniversary of Organization
- 2018 Open Children's After School Program
- 2018 Implement Credible Electronic Health Record
- 2019 Funding for Forensic Restoration Unit Approved
- 2020 COVID-19 Pandemic significantly alters historical service delivery



## **Historical Sketch**

- 2020 Workforce becomes major issue for the country due to COVID-19 Pandemic
- 2021 De-confliction of DD services completed (became Service Coordination Provider exclusively)
- 2021 Transitioned DD facilities in Butler and Coffee counties to Children's Program facilities
- 2021 Secure Forensic Facility (Norman-McClendon Secure Forensic Facility) opened in Butler County
- 2021 Awarded several COVID-19 Response grants
- 2022 Awarded Rural Crisis Services grant for psychiatric urgent care services
- 2022 Commissioner Boswell awards SCAMHB Crisis Diversion Center grant for 2023 in the amount of \$7,000,000
- 2022 Implemented new telehealth software due to pandemic, changing the way we deliver services forever



## **South Central Alabama Mental Health**

*Serving Butler, Coffee, Covington & Crenshaw Counties*



# Mission, Vision, and Value Statement

## **MISSION STATEMENT**

To improve lives in a professional and caring manner

## **VISION STATEMENT**

To be the premier provider of community behavioral health services through effective leadership, financial integrity, innovative use of technology and creative problem solving.

## **VALUES STATEMENT**

A system of care is based on values and beliefs, whether written or implied. The following statements reflect the values and philosophy of our organization. It is important that every employee understands and embodies these values if the organization is to fulfill its mission. The centerpiece of our values is quality.

- The most effective care is accessible, individualized, and recovery-oriented.
- Each Staff member is an integral part of our organization and will be highly skilled while demonstrating the highest level of ethical and professional standards.
- We are partners and neighbors within the communities we serve and encourage cooperative efforts by eliminating barriers.
- Customer satisfaction is the hallmark of quality. The best way to ensure quality is to continually improve our processes.
- Prevention of errors rather than correction is the best way to achieve quality outcomes.
- We treat individuals with dignity, patience and respect in a confidential and compassionate manner.
- Our success is based on:
  - shared goals and commitment
  - versatility and flexibility
  - high expectations
  - openness to new ideas
  - comprehensive, cost-effective, and cutting edge service delivery systems.



## **Plan Development**

Strategic planning is an integral and on-going function of the center's organization. During this process the mission and purpose of the organization is clearly defined and goals are set to achieve the best results possible with the resources available. Our planning process helps achieve the most efficient and effective use of the center's resources. Strategic Planning is conducted annually. The plan is developed for a two-year period. Key stakeholders and roles consulted during the strategic planning process include the Board of Directors, employees, clients and families, local government, and local partnering agencies and organizations. Methods used in needs assessment include written survey and face-to-face discussions. During planning a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) is completed.

<b>Strengths</b>	<b>Opportunities</b>
In-House Training	Certified Community Behavioral Health Center (CCBHC)
Range of services not offered elsewhere	Testing
Specialized Medical Staff	Primary Care Integration
Diversity of Staff that are cross-trained	Marketing
Partnership with other agencies	Open Access to Substance Abuse Assessments
Customer Satisfaction	Telecommunication/Technology Uses
Highly Qualified Staff	Prevention Services
Cooperative/Supportive Board	Develop Client Portal
Quality of Services	Expanding Children's Services and Facilities
Nice facilities/equipment	Look for Funding and Grants
Fair Treatment of Staff and Competitive Benefits Package	Development of Crisis Diversion System of Care
Teamwork	Technological Infrastructure
Financial Stability	Reduction of time devoted to in-house training
Public Image	Improve Rural Broadband Connectivity
Flexible Staff and Leadership	Business Intelligence (BI) Software
	Trauma Informed Care Certification
	Legislative Advocacy
<b>Weaknesses</b>	<b>Threats</b>
Time devoted to annual in-house training and orientation	Increased Competition
Primary Reliance on Medicaid and State Funding	Volume of Standards/Operational Manuals
Staff Turnover and Retention	Uncompensated Care
Services Driven by payers	Lack of public transportation
Lack of Significant Local Financial Support	DOL-increase exempt status
Insufficient Resources to Properly Mentor New Staff	Inflation
Reliance on Virtual Machine and Terminal Server Environment	Lack of Healthcare Staff



Insufficient Residential Beds	Changing Service Delivery Methods due to COVID-19
Cost of Employee Family Health Insurance	
Competitive Salaries	
Recruitment of Staff	

## **Population Served**

### **Demographics for Catchment Area:**

<b>County</b>	<b>Population</b>	<b>White</b>	<b>Black</b>	<b>Other</b>	<b>% Below Poverty</b>
Butler	18,884	9,839	8,498	547	3,890
		52.1%	45%	2.9%	20.6%
Coffee	51,909	41,064	9,535	3,575	7,530
		75.8%	17.6%	6.6%	13.9%
Covington	37,524	31,708	4,691	1,125	6,417
		84.5%	12.5%	3%	17.1%
Crenshaw	13,083	9,498	3,127	458	2,198
		72.8%	23.5%	3.7%	19.9%
Total	123,665	92,109	25,851	5,705	20,035
	2.4%	74.5%	20.9%	4.6%	16.2%
<b>State Population Demographics</b>					
State	5,039,877	3,482,555	1,350,687	206,635	750,942
		69.1%	26.8%	4.1%	14.9

<b>County</b>	<b>Male</b>	<b>Female</b>	<b>Adult</b>	<b>Child</b>
Butler	8,762	10,122	14,730	4,154
	46.4%	53.6%	78%	22%
Coffee	26,654	27,520	41,335	12,839
	49.2%	50.8%	76.3%	23.7%
Covington	18,162	19,362	29,269	8,255
	48.4%	51.6%	78%	22%
Crenshaw	6,345	6,738	10,100	2,983
	48.3%	51.5%	77.2%	22.8%
Total	59,923	63,742	95,434	28,231
	48.4%	51.6%	77.2%	22.8%
<b>State Population Demographics</b>				
State	2,434,261	2,605,616	3,921,024	1,117,853
	48.3%	51.7%	77.8%	22.2%



### **Description of type of populations served:**

Seriously Mentally Ill Adults (SMI)  
Severely Emotionally Disturbed Children and Adolescents (SED)  
Developmentally/Intellectually Disabled Adults (DD/ID)  
Substance Abuse Treatment (SA)

South Central Mental Health delivers mental illness services to approximately 4,500 citizens of the four-county catchment area. This is made up of 68.5% adults and 31.5% children. Our DD/ID population treated totals approximately 150 individuals. Adults receiving substance abuse treatment is approximately 400 annually.

### **Current Funding Sources – 2024**

State Grants and Contracts	\$6,667,702.25	58%
Medicaid	\$2,974,637.20	26%
Medicare	\$ 35,588.83	0%
Federal Grants and Contracts	\$ 1,206,694.72	10%
Other Net Service Revenue	\$ 241,665.87	2%
Local Appropriations	\$ 87,900.00	1%
Other Revenues	\$ 323,590.30	3%
ALDOT Grant	\$ 0.00	0%
Contributions	\$ 25,500.00	0%
Totals	\$11,563,279.17	100%

State dollars must be used to match Medicaid. The main source of Net Client Revenues is composed of Medicaid. Slightly less than 91% of revenue is tied to the state contracts making South Central heavily dependent on state contract dollars

### **Communication of Plan**

The Strategic Plan is available for review by each staff member of South Central Mental Health through posting to the web site [www.scamhc.org](http://www.scamhc.org). The Strategic Plan is also posted on the Alabama Department of Mental Health Website.





## **GOALS AND STRATEGIES**

### **GOAL 1 – Stabilize Workforce**

#### **OBJECTIVES**

- Improve employee retention by providing cost of living raises and competitive salaries.
- Improve new hire and annual training for staff.
- Boost recruitment of employees via innovative use of social media sites, local universities, and hiring websites.
  - Investigate alternatives for advertising available positions of employment.
- Review organizational chart and service delivery system for waste and redundancy.

### **GOAL 2 – Consumer Satisfaction, Safety, and Quality Service Experience Improvement**

#### **OBJECTIVES**

- Utilize Consumer Satisfaction surveys to strengthen service delivery.
- Utilize survey to measure satisfaction amongst external customers.
- Implement Client Portal in Agency's Electronic Health Record (EHR).
- Improve facility aesthetics and maintain safety to increase consumer satisfaction.
- Complete a comprehensive center-wide assessment of tangible assets.

### **GOAL 3 – Maximize the Financial Health of the Organization**

#### **OBJECTIVES**

- Establish a new set of productivity expectations.
- Achieve a Financial Goal Attainment of 105% annually.
- At least 30 days operational funds will be achieved/maintained.
- Develop new key performance indicators for agency.
- Continue marketing efforts and expand our outreach through social media and other forms of electronic media.
- Capture and retain insurance revenue by increased use of automated reports.
- Achieve financial stability of the Forensic Security Facility.
- Become a Certified Community Behavioral Health Center.

### **GOAL 4 – Develop Rural Crisis Diversion System**

#### **OBJECTIVES**

- Develop budget.
- Develop implementation of crisis diversion system in phases.
- Develop community stakeholders system.
- Develop a timeline for implementation.
- Identify the facilities needed and proceed with development/renovation.

**GOAL 5– Expand Children’s Services**

**OBJECTIVES**

- Grow SBMH services to include more school systems in the catchment area
- Effectively and efficiently implement services related to EPSDT settlement
- Implement Stepping Stones Outpatient facilities in all 4 counties